Chikwawa Community Health Partnerships Programme

13th Quarterly Report:

January - March 2001

Prepared for
Chikwawa Community Health and Partnerships

by
Tommy Mthepheya, CHAPS Project Manager on behalf of the Expanded District Health Management Team

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Table of Contents

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBD	Community Based Distributor
CBM	Community Based Management
CBQA	Community Based Quality Assurance
CHAM	Christian Hospital Association in Malawi
CHAPS	Community Health Partnerships
DEO	District Education Office
DPMT	District Project Management Team
DHO	District Health Office
DRF	Drug Revolving Fund
DSTF	District Supervision Task Force
EBF	Exclusive Breast Feeding
FHA	Farm Home Assistant
GMV	Growth Monitoring Volunteer
HESP	Hygiene Education and Sanitation Promotion
HIV	Human Immune deficiency Virus
HMIS	Health Management Information System
HSA	Health Surveillance Assistant
IEC	Information Education and Communication
IEF	International Eye Foundation
IMCI	Integrated Management of Childhood Illness
MoAI	Ministry of Agriculture and Irrigation
MOHP	Ministry of Health and Population
OPD	Out Patient Department

ORT	Oral Rehydration Therapy
PEA	Primary Education Advisor
PEC	Primary Eye Care
QA	Quality Assurance
QIT	Quality Improvement Team
STAFH	Support To AIDS and Family Health
SUCOMA	Sugar Company of Malawi
SS	Stepping Stones
TBA	Traditional Birth Attendants
USAID	United State Agency for International Development
VHC	Village Health Committee
VHWC	Village Health Water Committee
WES	Water and Environmental Sanitation

1.0. EXECUTIVE SUMMARY

The document summarizes activities carried out under the Community Health Partnerships Programme in Chikwawa District from January - March 2001. The project carried out the reporting activities collaborately with the Ministry of Health and Population - Chikwawa District Health Office as the executing agency and the International Eye Foundation as a main associate and other important key stakeholders such as Ministry of Agriculture and Irrigation, Ministry of Gender, Youth and Community Services, Concern Universal, Montfort Hospital, SUCOMA and Ministry of Education, Sports and Culture. The report outlines highlights noted during the reporting period, and lessons learnt.

The district conducted a training on IMCI jointly with Mulanje, Mangochi and Ntcheu. As of to date the district has a coverage of 22% of trained health workers on IMCI case management. The district has a capacity to conduct a training on its own since there are enough facilitators and clinical instructors. The district might only be required to hire a course director from the central focal point.

The District Supervision Task Force has developed supervision guidelines with the aim of improving supervision of health workers and volunteers providing health services in the district. A training of 18 health workers was conducted on supervision skills with participants drawn from government health facilities, CHAM and private clinics.

Training and establishment of two quality improvement teams was conducted in the quarter for Kakoma, and Dolo Health Centres. Preparation for community based quality assurance approach is underway in the district with technical guidance from the quality assurance project specialists.

Intensive supervision was carried out to primary school teachers who were trained in primary eye care. The majority of the teachers supervised had forgotten the skills on screening pupils for visual problems. Screening materials were not adequately available for trained teachers to use. Collaboration meeting with the DEOs office to rectify the problems is planned in the forthcoming quarter.

Training for 20 Growth Monitoring Volunteers was conducted. The purpose of training the GMVs is to increase access to and acceptance of oral rehydration therapy, diarrhoea prevention messages, nutrition and exclusive breast feeding. Sensitisation meetings were conducted with local leaders to support the volunteers on diarrhoea prevention and management.

Drug Revolving Fund supervisory tools were developed in the quarter to monitor the progress of DRF activities in the district. In the reporting period, some reports have been received from the DRF sites, so far indicating high patient turn up and high financial recovery.

Field appraisal was conducted by extension workers in collaboration with Ministry of Agriculture and Irrigation to farmers who had received soya and groundnuts. The appraisal indicates good harvest of groundnuts in the 12 villages where the project is working and farmers from 8 villages are likely to have good soya harvest. Training for 108 farmers who are likely to harvest soya was conducted specifically on soya processing and utilisation.

Village Health Water Committees from 9 villages were trained in hygiene education and sanitation promotion, community based management. Fifteen sessions of hygiene education were conducted in the community using trained band and drama groups. The coverage of planned activities was low in the quarter due to floods. Cholera situation in the district kept worsening in the quarter. A cumulative total of 195 suspected cases and 10 deaths have been reported.

2.0. MAIN ACTIVITIES AND ACHIEVEMENTS

2.1.0. CAPACITY BUILDING

2.1.1. INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Chikwawa District is one district taken on board in the expansion phase in the implementation of the Integrated Management of Childhood Illness (IMCI). The district conducted a joint training for Chikwawa, Mulanje, Mangochi and Ntcheu in the quarter.

One session of facilitation and case management training was conducted from 19th - 23 March and 26th March - 7th April respectively. During the one week facilitation training, six participants were trained as facilitators while four were trained as clinical instructors. Among the participants, two facilitators and one clinical instructor were from Chikwawa. So far the district has five facilitators and three clinical instructors. The specific objectives of the training were to teach participants facilitation skills and techniques used in IMCI case management training, how to monitor participants' practice during the clinical sessions and to skilfuly interact with participants in a supportive way to reinforce learning.

During the case management training, twenty participants were trained. Chikwawa had ten participants who were drawn from the government health facilities, and CHAM hospitals. Now the district has trained twenty-five health workers in IMCI case management with a coverage of 22%. While the district is carrying out the first component of IMCI, of improving the health worker's skills on the management of sick children of less than five years, the district also carries out the second component simultaneously. The second component includes: improvement of the referal system, availability of essential drugs for IMCI, and communication. Meanwhile, health centres have been equipped with radios to facilitate communication with the district hospital when there is a patient to be referred to the district hospital.

The district is sending four health workers to be trained on IMCI supervision to Mulanje in the next quarter. After the training in Mulanje, initial follow up to the trained fourteen health workers will be conducted. The other previously trained 11 health workers will receive subsequent supervision in the forthcoming quarter. A total of twelve Chikwawa participants will be sent to Mangochi, Ntcheu and Mulanje for IMCI case management training in the forthcoming quarter.

Lessons learnt:

The partnership that has been instituted with the commencement of CHAPS Project has gone beyond the district level. Joint training being carried out by CHAPS districts has enhanced the capacity building in the districts. Trainers, and facilitations have been trained so that the districts might not need outside staff to support trainings especially in IMCI and Syndromic Management of Sexually Transmitted Diseases.

Challenges:

Inasmuch as the district is improving the health worker's skills in the management of sick children of less than five years, improvement on the referal system, availability of IMCI essential drugs and communication still remains a challenge.

2.1.2. SUPERVISION:

During the 1998 Quality Assurance Assessment, supervision was one of the preference area for improvement in the district. The major finding of the assessment on supervision was that the philosophy of supervision was not grasped by both the supervisors and supervisee. Strategies were developed to train 40 Programme Coordinators and health facility in charges on supervisory skills. During the quarter, 18 participants were trained in supervisory skills.

Fundamental areas that were included during the training were: A leader and leadership styles, supervision and qualities of a supervisor, planning, communication, job description, Health Management Information System (data collection and display, indicators, standards) , disease surveillance (death and birth register, disease targets). After the training the group made recommendations as follows: formation of the supervisory task force, development of the integrated checklist, provision of job descriptions to all health workers.

The District Supervision Task Force has developed supervision guidelines to improve supervision of health workers and volunteers providing health services in the district. The guidelines focus on two levels of supervision: from district level to health facilities and from health centre to community-based agents. The DSTF had observed that supervision was mostly done to fifteen health facilities (12 MOHP, one local government, 1 CHAM and 1 Private). The task force has recommended that the other health facilities be included on the supervision schedule so that facilities may benefit from the suggestions and guidance provided from the district team.

While the district carries out supervision two days per week and attending four units per week, the DSTF recommended that MOHP/ local government units to be visited at least every two months and every CHAM and private units at least every quarter. The task force has presented the produced guidelines to the District Health Management Team for endorsement (See appendix 1- Supervision guidelines). Consolidated checklist is planned to be developed in the forthcoming quarter.

Follow up on the training package for Stepping Stones on HIV/AIDS, communication and relationship skills was carried out in the quarter. The training was done in 1999 under the IEF STAFH Project. Focus group discussion was done with the community members who were trained. The purpose of the discussions was to find out how the community has utilised the knowledge and skills gained after the training. The discussions were done with the trained community members and the control villages will be done in the forthcoming quarter so that differences could be measured on the effectiveness of the SS training to the community members. The findings will be reported in the forthcoming quarter.

2.1.3. QUALITY ASSURANCE

To improve the quality of care in health delivery services in Chikwawa, Quality Improvement Teams

have been instituted at Kakoma, Dolo and Chipwaila Health Centres in the reporting quarter. The objective of the training is to empower the staff to use problem solving approach to make an improvement on quality care at their facilities. The teams are working on different problems, such as lack of bathing shelter at the clinic for the maternity patients, and too many malaria patients at the OPD with anaemia and malnutrition respectively.

As the district received more rains, few Quality Improvement Teams were visited in the quarter. In the fourth coming quarter more focus will be on the community based quality assurance where 2 villages will be selected and planned for the activities on quality assurance to be conducted. Evaluation of the activities that have been conducted as of to date and strengthen the teams as required by the QA coaches is planned in the forthcoming quarter.

Lessons learnt:

It has been observed that the majority of the teams in the district are working on environmental related problems. Hence, QITs need to be guided more on the selection of their problems by the QA coaches during the training. Some QITs had included the community representatives as members of the team and since the project is piloting Community Based Quality Assurance (CBQA), villages where the VHC members have already been involved could be one of the pilot areas.

Challenges:

Quality Improvement Teams that have been formed either at the district hospital or rural hospital do not seems to be working. Attempts have been made to revamp the teams but it has proved to be a failure. The teams are demanding lunch allowances and drinks whenever they are holding their meetings. The management agreed not to provide the demanded items to these teams.

2.2.0 PROJECT SPECIFIC INTERVENTIONS

2.2.1. PRIMARY EYE CARE:

Primary school teachers were trained on Primary Eye Care in 1999. The training aimed at providing the teachers with fundamental knowledge on screening pupils with low vision specifically for newly enrolled pupils of standard one and two. And to introduce facial washing programme as a way of preventing trachoma and other eye infections. Intensive supervision to 17 Primary Schools was conducted in the quarter. During the visits, 14 teachers were supervised out of 84 teachers trained from 64 schools. The objectives of the visits were to see how they were using the knowledge gained on Primary Eye Care (PEC), supporting the teachers for any problem(s) encountered.

Observations:

- It was noticed that most of the teachers were not provided with screening materials after the training.
- Trained teachers were relocated either outside or within the district.
- The teachers who had screening materials were having difficulties to conduct precise screening for the pupils.
- It was also observed that Montfort College had trained 6 teachers in the district to conduct screening in schools. These teachers have been allocated in zones and work on full time posts.

After the first cycle of supervising the PEC trained teachers, a meeting was held and suggestions were made. Hence, in the next quarter, joint meeting with DEOs office is planned so that we could improve the supervision of the project trained teachers and map out problems observed during the visits. Screening forms be provided to the teachers so that pupils are screened as needed.

Lessons learnt:

Considering the volume of work being carried out by the District Ophthalmic Officer, it is difficult to visit the trained teachers as required. Though some teachers were relocated to other schools within the district, they were still using the skills to screen pupils. Though the project is centring on screening pupils in the lower class, teachers trained by Montfort College are screening pupils in the upper classes which is complementary to CHAPS activities. It was observed that pupils in the upper classes had more visual problems as opposed to the lower classes. However, these pupils were screened by the Itinerant teachers trained by Montfort College. There has been little collaboration between Montfort trained teachers and MOHP. The trained teachers who were transferred to other schools carried with them the information of their previous school leaving the centre with no any information.

2.2.2. DIARRHOEA PREVENTION, EXCLUSIVE BREAST FEEDING AND NUTRITION

Training for 20 Growth Monitoring Volunteers (GMVs) was conducted in the quarter. The purpose of training the GMVs is to increase access to and acceptance of Oral Rehydration Therapy and diarrhoea prevention messages. The training content also included the element of Exclusive Breast Feeding (EBF) and nutrition. To support the activities being conducted by the GMVs, HSAs based in the community were orientated on what the volunteers were required to perform. Prior to the training of the GMVs, sensitisation meetings with the local leaders about ORT, Diarrhoea prevention, EBF and nutrition at community level was conducted. The intention of the meetings were to seek support of the local leaders to the GMVs on diarrhoea management and the encouragement of EBF and nutrition at community level. After the training, materials for ORT were disbursed to the trained GMVs which consisted of plastic buckets, basins, spoons, cups and ORS sachets. Development of the monitoring system for ORS distribution and ORT, EBF and nutrition will be completed in the next quarter. The project is planning to train 100 GMVs with the current funding, therefore, in the forthcoming quarter 20 more GMVs will be trained.

A field assessment was conducted by the extension workers in collaboration with Ministry of Agriculture and Irrigation (MoAI) field assistants. The aim was to appraise farmers who are likely to harvest soya from their field and are therefore likely to include it in the regular family menu. Since the farmers are anticipated to include the soya in their normal diet, a training on the technical know how on soya processing and utilisation was conducted. From the assessment, it was found that farmers from 8 villages out of 10 were envisioned to harvest soya. From the field appraisal done, it is anticipated that farmers are going to harvest more groundnuts this year as opposed to last year.

Training for 108 farmers from 8 villages was conducted on soya processing and utilisation. The core facilitators comprised the FHAs who were assisted by the HSAs. Lectures covered during the training were: malnutrition, house hold food security issues, soya contribution to food security, processing and utilisation (recipes made and tasted) and development of work plan for the farmers to be implemented once back in their communities.

2.2.3. DRUG REVOLVING FUND

Having reached the target of initiating 20 more DRFs in the district by end of the project, the district DRF task force met and developed the supervisory checklist. Among the areas that the checklist will monitor included: number of meetings held by VHCs by quarter, quantity of drugs, patient turn up and diseases seen by volunteers, financial transactions, number of active DRF volunteers and number of villages being served. So far, 50% of DRF sites have submitted the filled forms to the District DRF Coordinator. From the forms received so far, it has been noticed that patient turn up and monetary recovery for the new established DRFs was so high as opposed to the old DRFs. Synopsis of the statistics from all the DRFs will be tendered in the forthcoming quarter.

During the meeting that was held for the DRF task force, it was observed that the scheduled supervisory visits to DRF sites were not fulfilled as planned. It was also observed that the district DRF account was increasing substantially from the drug sales.

2.2.4. WATER AND ENVIRONMENTAL SANITATION

A total of 9 Village Health Water Committees (VHWC) received training on Hygiene Education and Sanitation Promotion (HESP) and Community Based Management (CBM) Fifteen sessions of hygiene education were conducted in the community using trained band and drama groups. Village exchange visits with bordering villages were conducted during the quarter. Group discussions were conducted that looked at the progress of activities in their villages, problems being faced, actions being taken to address the concerns. The visits also functions as forums to arouse VHWCs that were dormant.

Pump caretakers who were trained in major Afridev hand pump repair, maintained 12 boreholes in the quarter. Training to 27 VHWCs in simple pump maintenance was conducted. While in the quarter, 16 VHWCs has established borehole maintenance fund, 18 VHWCs purchased fast wearing out spare parts for simple pump maintenance and 7 VHWCs opened Savings Accounts to safely keep their surplus money

Intensive supervision was carried out in villages assessed not to be making positive progress. Meetings were held with beneficiary communities and extension staff responsible for the villages on problems being faced by the VHWCs and plans of action were developed. Monitoring tools for collection of data on WES activities were reviewed and updated.

The District's cholera situation, which started in early February kept worsening in the quarter. The outbreak started with few health facility catchment areas and later spreading to several health facilities in the district. A cumulative total of 195 suspected cases and 10 deaths have been reported this quarter. Measures have been taken by the district in conjunction with other stakeholders which included: intensive IEC activities in strategic places, suspension of selling of cooked food, water chlorination in households, patient identification and referral and meetings.
The floods had worsened the situation since a number of houses and pit latrines had collapsed

necessitating people to live in congestion with few pit latrines and leaving behind pools of water that some people use for household activities. The pit latrine coverage in the project area, i.e. T/A Ngabu has decreased from 42% to 24%. The affected villages use rivers, unprotected wells and boreholes as their source of water.

2.2.5. ADULT LITERACY

The Adult Literacy Assessment report for the first 20 adult literacy classes is being finalised and the report will be attached in the next quarterly report. Training of six adult literacy committees were conducted in the quarter. The intention of training the committees is for them to help in campaigning and management of adult literacy classes. These are the 10 additional new classes that were instituted after the first adult literacy learners had graduated in June 2000. The new classes have enrolled 200 women who are expected to graduate by May 2001. In the forthcoming quarter, the 200 students will be assessed for the 3Rs (Reading, wRiting and simple
aRithmetic), HIV/AIDS and Family Planning messages.

2.3.0. OTHER ACTIVITIES

2.3.1. PROJECT DEVELOPMENT

As exclusive breast feeding is being encouraged in the district, there has been a wish for Chikwawa District Hospital to be a baby friendly hospital by the management. Few trainings were conducted in the district for the health workers but were not continued due to financing as the present CHAPS funding could not accommodate training of the health workers. Currently, the district has two EBF trainers, CBD, TBA programmes, GMVs, traditional healers at community level that supports EBF apart from messages advocated by health workers.

The LINKAGES Project is interested in supporting districts on baby friendly hospital initiative with funding from USAID. Chikwawa district is one district chosen to benefit from this funding. A preparatory meeting with Linkages Project was held in the quarter. After the meeting ground work for the project proposal has been done for Chikwawa and Nsanje districts. In the next quarter, the proposal will be presented to Linkages for possible funding.

2.3.2. DISTRICT COORDINATION MEETING

A coordination meeting between the MOHP Programme Coordinators and IEF Coordinators was conducted in the quarter. The meeting aimed at reviewing the relationship between MOHP and IEF as partners and to enhance the district HMIS. The coordinators made suggestions of improving the partnership of the CHAPS project, such as: coordination meetings to be conducted on a quarterly basis which will also be a forum to review and plan the project activities

2.3.3. LOGISTICS

In the reporting period, five completed outreach shelters have been handed over to the community. During the ceremonies, representatives from the DHO, Chief Executive offices, Members of Parliaments, Village Headmen attended. The DHOs office remains as responsible to the shelters. However, the community are required to take care of any minor maintenance of the shelters. During

the handovers, the community showed their appreciation to have such kind of a shelters in their communities and indicated their desire to look after the shelters in good faith.

3.0. WAY FORWARD

AREA OF INTERVENTION	ACTIVITIES PLANNED
3.1. Intergrated Management of Childhood Illness	Supervision training for 4 health workers. These health workers will supervise the trained IMCI case management providers Training of 12 health workers in IMCI case management
3.2. Supervision and monitoring	Development of the intergrated checklist for supervision Focus Group Discussions for Stepping Stones training package on HIV/AIDS messages
3.3. Quality Assurance	Evaluation of Quality Improvement Teams set in the health facilities in the district Set up of community based quality assurance problem solving approach in 2 pilot villages
3.4. Primary Eye Care	Follow up of trained primary school teacher, and traditional healers Collaborative meeting with the District Education Office on the project PEC activities
3.5. Diarrhoea prevention, EBF and Nutrition	Training of 20 additional GMVs on diarrhoea prevention, EBF and nutrition Development of monitoring tool for ORT distribution, EBF and nutrition activities Collection of soya and groundnuts from farmers in 12 villages of the project
3.6. Drug Revolving Fund	Follow up of the checklist distributed to the DRF sites Compile report on the findings from the checklist collected from the DRF sites
3.7. Water and Environmental Sanitation	Community mobilisation and awareness to 45

AREA OF INTERVENTION	ACTIVITIES PLANNED
	villages for VHWCs training Motivation of the communities to construct 450 pit latrines, 100 hand washing facilities, 300 garbage pits, 300 bath shelters, 300 dish racks Motivate 50 communities to establish borehole maintenance funds and open savings account Promote 10 exchange visits for VHWC members and extension workers and conduct 20 hygiene education sessions Intensified follow up to 50 trained communites and conduct monthly DPMT meetings
3.8. Project development	Finalise and submit the Baby Friendly Hospital Initiative proposal to LINKAGES
3.9. District Coordination Meeting	Review meeting with the district programme coordinators and other key stakeholders on the project planned activities